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Rate Enhancement Programs – Open Enrollment

Provider Finance Department



Welcome



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What's in it for you?

You will understand the benefits of the Rate Enhancement Program.

You will be able to enroll in the Rate Enhancement Program.

You will have access to this information whenever needed.



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Learning Objectives



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01

Understand what the Attendant Compensation Rate Enhancement and the Nursing Facility Direct Care Staff Rate Enhancement Program is all about.

02

Complete an enrollment in the Rate Enhancement Program

03

Understand Rate Enhancement Program responsibilities for providers and preparers.



Nursing Facility (NF) History

Rate Enhancement Programs were implemented on
May 1, 2000

2000-01 General Appropriations Act, H.B. 1, 76th Legislature,
Regular Session, 1999, (Article II, HHSC, Rider 37)

Title 1, Texas Administrative Code (TAC) §355.308



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Community Care (CC) History

Rate Enhancement Programs were implemented on September 1, 2000

2010-11 General Appropriations Act, H.B. 1, 81st Legislature, Regular Session, 2009 (Article II, HHSC, Rider 37,). For CLASS, DBMD, DAHS, PHC and RC

Title 1, Texas Administrative Code (TAC) §355.112



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Intellectual or Developmental Disabilities (IDD) History

Rate Enhancement Programs were implemented on September 1, 2010

2010-11 General Appropriations Act, H.B. 1, 81st Legislature, Regular Session, 2009 (Article II, HHSC, Rider 37,). For HCS and TxHmL and ICF/IID

Title 1, Texas Administrative Code (TAC) §355.112



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Rate Enhancement programs are voluntary



Why Rate Enhancement?

To incentivize providers to increase attendant compensation or direct care compensation to improve quality of care.



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Why Rate Enhancement?

Providers are held accountable for the expenditures of any enhancement funds.

HHSC uses Cost and Accountability reports to verify Staffing and Spending requirements.



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Why Rate Enhancement?

Providers benefit from an increase in revenue used to pay for direct or attendant care staff compensation.



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NF Requirements

Facilities who participate in the direct care staff enhancement agree to maintain a certain level of staffing.

Agree to spend 85% of their direct care staff compensation revenues on direct care staff compensation.



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CC Requirements

Agree to spend 90% of their attendant revenues on attendant compensation.



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Levels and Add-on Rates

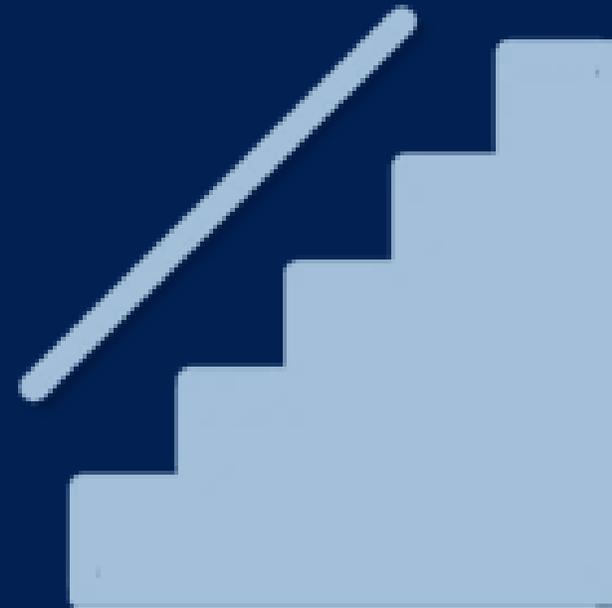


Levels



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Levels are monetary increments above the base rate that can go as high as 27 for NF, 35 for CC and 25 for IDD.



HCS Add-Ons

Home and Community-Based Services

Category	Services	Unit Type	Add-on per Unit	Number of Levels
Day Habilitation Services	Day Habilitation Services	Daily	\$0.10	25
Non-Day Habilitation Services	Supported Home Living, CFC PAS/HAB, Respite, Employment Assistance, Supported Employment	Hourly	\$0.05	25
Residential Services	Residential Support Services, Supervised Living	Daily	\$0.40	25



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ICF/IID Add-Ons

Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions

Category	Services	Unit Type	Add-on per Unit	# of Levels
Day Habilitation Services	Day Habilitation Services	Daily	\$0.10	25
Residential Services	Residential Services	Daily	\$0.40	25



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NF Add-Ons

Nursing Facilities

Unit Type	Add-on per Unit of service	# of Levels
Daily Care Services	\$0.40	27



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Community Care Add-Ons

Community Care				
Programs	Services	Unit Type	Add-on per Unit	# of Levels
CLASS Waiver	CFC PAS/HAB And HAB Transportation; SE and EA	Hourly	\$0.05	35
DBMD Waiver	CFC PAS/HAB And Res. HAB Transportation; Day Hab SE and EA; Intervener	Hourly	\$0.05	35



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Community Care Add-Ons

Community Care				
Programs	Services	Unit Type	Add-on per Unit	# of Levels
DAHS	DAHS	Half-day	\$0.05	35
PHC	Priority/Non-Priority	Hourly	\$0.05	35
RC	Apartment/Non-Apartment	Daily	\$0.05	35



Enrollment Limitations

- Contracts will not be enrolled at a level higher than the level achieved on the most recently reviewed report.
- HHSC PFD will post the facilities receiving enrollment limitations on the PFD website.
- A facility may request a revision of their enrollment limitations if the current limitations do not represent the facility's current staffing level. This is called Request for Revision Report (RFR).





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Things to consider when making your participation decision

The following list is not all-inclusive and there may be other facts to consider in deciding whether to participate.

- Consider the impact of reduced turnover (due to paying higher wages) on your recruiting and training expenses.
- Consider the impact of paying higher wages on the quality of care you deliver to your clients.
- Consider if you are willing to meet spending and other program requirements to avoid recoupment.





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Enrollment Process

**Steps to successfully enroll in
rate enhancement**



Participation Agreement

Enrollment Contract Amendment
(ECA)

The ECA must be signed by an authorized signatory as identified by form 2031

Enrollment in the Rate Enhancement is held from July 1-31



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Website



A screenshot of the Texas Health and Human Services website. The header includes the state seal and the text "TEXAS Health and Human Services" on the left, and navigation links for "ABOUT HHS", "SERVICES", "DOING BUSINESS WITH HHS", "LAWS & REGULATIONS", and "CONTACT" on the right. Below the header is a green banner with a home icon and the text "Rate Analysis", and a search bar with the placeholder text "What are you looking for?" and a "Search" button. A dark navigation bar contains links for "Acute Care", "Hospitals & Clinic", "Long-term Services & Supports" (which is highlighted), "Managed Care", "Medicaid Administrative Claiming", "Rate Packets", and "Time Study". Below this is a breadcrumb trail: "Home » Long-term Services & Supports". The main content area has a left sidebar with a "Long-term Services & Supports" heading and a list of links: "Contact List", "24-Hour Residential Child Care & Supervised Independent Living Program", "Adult Foster Care", "Adult Mental Health Program", "Community Based Alternatives", "Community First Choice", and "Community Living Assistance & Support Services". The main content area features a heading "Long-term Services & Supports", a sub-heading "Announcements", and a section titled "Financial Management Services Agency (FMSA) Cost Survey". The text in this section states: "The Health and Human Services Commission (HHSC) Provider Finance Department has contracted with Deloitte Consulting to administer a cost survey for all FMSAs in Texas." Below this is a bolded announcement: "Deadline Extended: The FMSA Cost Survey template is available to download here. (Please note, if you are using Google Chrome, you will need to right-click the link and Open in a new Tab or Open in a New Window.) All Surveys are due by email by 11:59 p.m. on May 19th, 2021."

<https://pfd.hhs.texas.gov/long-term-services-supports/enrollment-information>



Open Enrollment process

A screenshot of the Texas Health and Human Services website. The page is titled "Rate Analysis" and features a navigation menu with links for "ABOUT HHS", "SERVICES", "DOING BUSINESS WITH HHS", "LAWS & REGULATIONS", and "CONTACT". A search bar is present with the text "What are you looking for?". The main content area includes a list of services on the left, a search bar, and several sections of text and links. The first section is titled "Rate Analysis" and contains a paragraph about the HHSC Provider Finance Department contracting with Deloitte Consulting to administer a cost survey for all FMSAs in Texas. It includes a "Deadline Extended" notice and a link to download the FMSA Cost Survey template. Below this is a link to the FMSA Cost Survey Webinar Video. A dropdown menu is open, showing "FMSA Cost Survey FAQs". The second section is titled "Overview of the Foster Care Rate Methodology Study" and contains links to the study's Webinar Slides and Webinar Video. The third section is titled "Cost/Accountability Reports Information" and contains a "Deadline Extended" notice and a link to the FMSA Cost Survey Webinar Video.

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ABOUT HHS SERVICES DOING BUSINESS WITH HHS LAWS & REGULATIONS CONTACT

What are you looking for?

Rate Analysis

- Adult Mental Health Program
- Community Based Alternatives
- Community First Choice
- Community Living Assistance & Support Services
- Comprehensive Rehabilitation Services Program
- Consumer-managed Personal Assistance Services
- Cost Report Training
- Day Activity & Health Services
- Deaf-blind Multiple Disabilities Waiver
- Emergency Response Services
- Frequently Asked Questions
- Home and Community-based
- Community Living Assistance & Support Services
- Comprehensive Rehabilitation Services Program

The Health and Human Services Commission (HHSC) Provider Finance Department has contracted with Deloitte Consulting to administer a cost survey for all FMSAs in Texas.

Deadline Extended: The FMSA Cost Survey template is available to download [here](#). (Please note, if you are using Google Chrome, you will need to right-click the link and Open in a new Tab or Open in a New Window.) **All Surveys are due by email by 11:59 p.m. on May 19th, 2021.**

Please return all completed cost surveys to Deloitte Consulting at FMSACostReporting@deloitte.com

[FMSA Cost Survey Webinar Video \(.wmv\)](#) (3/19/2021)

▼ FMSA Cost Survey FAQs

Overview of the Foster Care Rate Methodology Study

[View the Overview of the Foster Care Rate Methodology Study Webinar Slides \(.pdf\)](#) (02/24/2021)

[View the Overview of the Foster Care Rate Methodology Study Webinar Video \(.wmv\)](#) (02/24/2021)

Cost/Accountability Reports Information

Google Chrome, you will need to right-click the link and Open in a new Tab or Open in a New Window.) **All Surveys are due by email by 11:59 p.m. on May 19th, 2021.**

Please return all completed cost surveys to Deloitte Consulting at FMSACostReporting@deloitte.com

[FMSA Cost Survey Webinar Video \(.wmv\)](#) (3/19/2021)

<https://pfd.hhs.texas.gov/long-term-services-supports/enrollment-information>



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- Residential Care
Effective November 1, 2009 (.pdf)
Effective September 1, 2009 (.pdf)
- Texas Home Living
Effective August 1, 2009 (.pdf)
- Youth Empowerment Services
Effective August 1, 2008 (.pdf)
Waiver Program
Effective September 1, 2007 (.pdf)
Effective August 1, 2007 (.pdf)
Effective September 1, 2006 (.pdf)
Effective September 1, 2005 (.pdf)
Effective September 1, 2004 (.pdf)
Effective September 1, 2003 (.pdf)
Effective September 1, 2002 (.pdf)
Effective September 1, 2001 (.pdf)
Effective September 1, 2000 (.pdf)

Rate Enhancement - Attendant Compensation

- View [2023 Rate Enhancement - Attendant Compensation Information](#)
- View [2022 Rate Enhancement - Attendant Compensation Information](#)
- View [2021 Rate Enhancement - Attendant Compensation Information](#)
- View [2020 Rate Enhancement - Attendant Compensation Information](#)
- View [2019 Rate Enhancement - Attendant Compensation Information](#)

Training Information

- View [Cost Report Training information](#)
- View [Rate Enhancement Report Training information](#)
- View [Rate Enhancement Enrollment Training information](#)



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Other Documents Important To The Enrollment Information:

View the [Participation Status - Levels Awarded](#)

View the [Enrollment Contract Amendment Instructions](#)

Complete the [Enrollment Contract Amendment form](#) (Recommended browser Google Chrome)

View the [Enrollment Worksheets and Instructions](#)



Open Enrollment process



HHSC Provider Finance Department (PFD) Open Enrollment

The HHSC Provider Finance Department Open Enrollment Portal is used for annual open enrollment for Community Care providers, providers serving Individuals with Intellectual Disabilities who wish to participate in the Attendant Compensation Rate Enhancement Program, and Nursing Facility (NF) providers who wish to participate in Direct Care Staff Enhancement Program.

NF providers must also submit their NF Liability Insurance Coverage Certification to receive additional funds through Nursing Facility (NF) Liability Insurance Coverage Add-on Rates.

If the Primary Contact or Authorized Signatory did not receive their login information, please send an email to costinformationPFD@hhs.texas.gov with the following information: Name, email, contract number/component code, and reason for request.

Sign in

[SHOW](#)

[Login](#)

[Forgot password?](#)

[Change Password?](#)

[New User Account?](#)

Click on the New User Account link if the user does not have a login/password. Upon completion, the user will be able to log in but will not have permissions until assigned a role by the Primary Contact or the Authorized Signatory for the provider.



Open Enrollment process



2021 HHSC Rate Analysis Open Enrollment Dashboard HHSC Provider Finance

Type	Contract/Component Code #
PHC	77777775

The system will time out in 30 minutes. Please save work often to reset the timer.

Open enrollment begins on the first day of July and ends on the last day of that same July preceding the rate year for which payments are being determined, unless the Texas Health and Human Services Commission (HHSC) notified providers before the first day of July that open enrollment has been postponed or cancelled.

The highest enhancement level that any provider may request is listed below for each program type:

1. Community Care - Level 35
2. NF - Level 27
3. IDD - Level 25

Note: NF providers may request a level higher than its current level plus three additional levels.

Levels are awarded within available funds, and it is possible that a facility will not be awarded the level it requests due to limited funding for the enhancement program. No new funds have been appropriated for this program. As a result, increases in enhancement levels will only be possible if other facilities choose to reduce their levels or are subject to enrollment limitations as described below.

It has been determined that your rate enhancement level is not currently limited.

Would you like to modify or reinstate your rate enhancement level?

Yes

No

3107 days 3 hours 50 minutes 16 seconds remaining

Log Off

[Open Rate Analysis Website](#)



Open Enrollment process



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Would you like to modify or reinstate your rate enhancement level?

Yes

No

 ECA

3107 days 3 hours 49 minutes 6 seconds remaining



Open Enrollment process



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TEXAS HEALTH AND HUMAN SERVICES COMMISSION (HHSC) PRIMARY HOME CARE (PHC) Attendant Compensation Rate Enhancement Enrollment Contract Amendment

IMPORTANT: The completed Enrollment Contract Amendment must be received by
5:00 p.m., Jul 31, 2021

By execution of this Enrollment Contract Amendment, I acknowledge receipt of the Enrollment Contract Amendment to the **Primary Home Care (PHC)** contract. I agree to accept and be bound by the aforementioned Enrollment Contract Amendment and the rules in Title 1 of the Texas Administrative Code (TAC) §355.112 for Medicaid programs as a revision to my contract.

The purpose of the Enrollment Contract Amendment is to implement the legacy Texas Department of Aging and Disability Services (DADS) appropriations rider 37 passed by the 76th Legislature [General Appropriations Act, 76th Leg., R.S., Art. II, "Department of Aging and Disability Services," (rider no. 37)] through the establishment of procedures for increased wages and benefits for community care attendants. Providers agreeing to participate and receiving the additional funds must demonstrate compliance with additional requirements and must spend the additional funds intended for attendant wages and benefits as specified, or the funds intended for those purposes will be recouped by HHSC. For providers who choose not to participate in the enhancement program and not receive additional funds, the attendant compensation rate component will remain constant over time, except for adjustment necessitated by increases in the federal minimum wage.

Contracts from which HHSC Rate Analysis has not received an acceptable request to modify their enrollment by 5:00 p.m. on Jul 31, 2021 will continue with the service category(ies) and levels of participation in effect during the open enrollment period within available funds.

An initial enrollment contract amendment is required from each provider choosing to participate in the attendant compensation rate enhancement. On the enrollment contract amendment, the provider must specify for each contract a desire to participate or not and a preferred participation level.

For PHC contracts, providers must specify to have priority, nonpriority or both priority and nonpriority services participate in the attendant compensation rate enhancement.



Open Enrollment process



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[View a list of current levels](#)

Yes, this contract chooses to enroll in Attendant Compensation Rate Enhancement.

Enter the requested enhancement level in the box labeled "Requested Level" for each service. (must indicate a level between 1 and 35). **NOTE:** Levels are awarded within available funds, and it is possible that you will not be awarded the level you request due to limited funding for the enhancement program.

Requested Level for Priority

Requested Level for Nonpriority

No, this contract chooses not to enroll in Attendant Compensation Rate Enhancement; or requests to withdraw participation from the Attendant Compensation Rate Enhancement.

9-Digit Contract Number - PHC

Test PHC
Name of Authorized Signatory per HHSC Signature Authority Designation Form (Form 2031) (must be the person submitting this form.)

Legal Entity Name as it appears on contract

Street Address of Legal Entry

Legal Entity City State Legal Entity Zip Code

E-mail Address of Authorized Signatory

Last month of the IRS fiscal year for this entity. If this is incorrect please call (512) 438-2680.

Telephone Number - -

Facsimile Number - -

I attest I am the Authorized Signatory for the above contract number and Legal Entity per the HHSC Signature Authority Designation Form (Form 2031) and all information included in this form is accurate and complete by as entered.

Date Submitted:

Submission of Form:
1. Verify all data.
2. Submit the form by clicking the submit button.

Please verify all data before submitting.





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NF Liability Insurance

**Steps to successfully enroll in
NF Liability Insurance Add-on**



NF Liability Insurance Certification



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- ✓ RFR
- ✓ Methodology Certification
- ✓ Report Certification
- ✗ ECA
- ✗ NF Liability Insurance Certification



NF Liability Insurance Certification



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Nursing Facility Liability Insurance Coverage Certification

Overview

In accordance with Title 1 of the TAC §355.312. Reimbursement Setting Methodology--Liability Insurance Costs, the Health and Human Services Commission (HHSC) is requiring an attestation from all nursing facility (NF) providers to receive additional funds through Nursing Facility (NF) Liability Insurance Coverage Add-on Rates.

NF providers serving Medicaid residents can only receive this add-on rate by maintaining acceptable liability insurance coverage, in accordance with Section 32.028(h) of the Texas Human Resources Code.

Providers shall attest, during the open enrollment period, to maintain acceptable liability insurance coverage prior to the rate year the liability insurance add-on rates will be paid. This attestation will be for the rate year: 09/01/2022-08/31/2023.

For additional information, please see the Information Letter sent by HHSC and/or posted on the HHSC Website.

Contacts

- For questions regarding the completion of this attestation, please email Long-Term Support and Services at PFDD-LTSS@hhs.texas.gov
- For technical questions or issues, please email Provider Finance Cost Information at CostInformationPFDD@hhs.texas.gov

IMPORTANT: A properly completed LIABILITY INSURANCE COVERAGE CERTIFICATION packet must be submitted yearly during the month of open enrollment occurring in July.

Definitions

1. **Provider** - A person who has a written agreement with HHSC to provide Medicaid NF services to an individual or a person who is contracted with a managed care organization as defined in §353.2 of this title (relating to Definitions) to provide Medicaid NF services.
2. **Independently Procured Insurance** - An insurance transaction involving an insurance contract independently procured from an insurance company not licensed in Texas through negotiations occurring entirely outside the state of Texas that is reported and on which premium tax is paid.
3. **Open Enrollment Period** - Open enrollment period begins on the first day of July and ends on the last day of that same July preceding the rate year for which payments are being determined. A provider who fails to submit an acceptable attestation of agreement within the open enrollment period will not receive the Nursing Facility (NF) Liability Insurance Coverage Add-on Rates.
4. **Purchased Captive Insurance** - General or professional liability insurance purchased from a non-admitted captive insurance company that insures solely directors and officers, liability insurance for the directors and officers of the company's parent and affiliated companies, and the risks of the company's parent and affiliated companies if applicable.
5. **Purchased Commercial Liability Insurance** - Either general or professional liability insurance from a commercial carrier or a non-profit service corporation in an arm's-length transaction that provides for the shifting of risk to the unrelated party. The commercial carrier or non-profit service corporation must meet the requirements as set by the Texas Department of Insurance (TDI) for authorized insurance.
6. **Rate year** - The rate year begins on the first day of September and ends on the last day of August of the following year.
7. **Self-Insurance** - Self-insurance is a means whereby a provider undertakes the risk to protect itself against anticipated liabilities by providing funds equivalent to liquidate those liabilities. If a provider enters into an arrangement with an unrelated party that does not provide for the shifting of risk to the unrelated party, such an agreement shall be considered self-insurance. Self-insurance is not purchased liability insurance.



NF Liability Insurance Certification



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Instructions

Complete all fields below as appropriate. Read the attestations and check the boxes to agree to the attestations. Click the Submit button when completed.

A separate certification must be submitted for each contract.

Legal Entity/Facility Information

Legal Entity Name as it appears on the contract with HHSC

DBA

Authorized Signatory Name

Nursing Facility Name

Facility Street Address

Facility City

Facility State

Facility Zip Code

Facility Phone Number

Facility Fax

Facility Email

Nursing Facility Contract Information

Facility Name or dba

9-Digit Contract Number

4-Digit Facility Number

National Provider Identifier (NPI)

Enrolled Medicaid Provider



NF Liability Insurance Certification



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Type of Coverage

To be completed by Individual Legally Responsible

Choose the type of liability insurance coverage obtained by the provider.

Select Coverage Type

I attest that the provider has purchased liability insurance issued through an entity meeting any one of the following criteria:

Select Coverage Type

Complete only if Independently Procured Insurance

I attest if the provider purchased Independently Procured Insurance, the insurance policy was purchased through an independently procured insurance arrangement, and taxes on the premiums were paid to and received by the Texas Comptroller for the calendar year in which the policy was procured, continued, or renewed. (Leave blank if the provider did not purchase independently procured insurance.)

Complete only for Captive Insurance

I attest the provider paid taxes on premiums of Captive Insurance, purchased through a captive insurance company, to the Texas Comptroller for the calendar year in which the policy was procured, continued, or renewed. (Leave blank if the provider did not purchase captive insurance.)

Attestation

I attest the provider has not obtained insurance from an insurer or person engaged in unauthorized insurance; as set forth in Chapter 101 of the Texas Insurance Code, Unauthorized Insurance.

I attest that I am a person legally authorized to sign for this provider and that the information entered above is correct to the best of my knowledge and belief. After submission of this attestation, if I become aware of a change in the information that is relevant to this attestation, I will notify HHSC.

Enter Signatory Name

Enter Signatory Title

Enter Signatory Phone

Enter Signatory Email Address

Review information for accuracy before clicking the submit button at the top.



Contact us



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For Assistance with:	Telephone	E-mail
Cost or Accountability Report completion, instructions, informal reviews and/or general guidance	(737) 867-7817	pfd-ltss@hhs.texas.gov





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Thank you

**HHSC LTSS Center for Information and Training
Please enroll before July 31.**

